

# WELLNESS WORKBOOK



**WHOLENESS ACADEMY**

# *Introduction*

# WHAT IS WELLNESS



Welcome to the Wholeness Academy Wellness Workbook.

We all learn in different ways.

Many times we need to read or hear something multiple times before it sticks.

These pages are for you to maximize and truly solidify everything you learn during the Academy. Please print this book and write all over it. Keep it with you, or in a place that is easily accessible at home.

Wellness is not a destination. It is a journey.

We are glad to be here with you.

# Section 1

## HEALTH ASSESSMENT

Begin your wellness journey by first reflecting on where you are. Use this Health Assessment tool to identify areas of improvement. Mark each symptom below that you are currently struggling with.

### MENTAL/EMOTIONAL .....

- Low Motivation
- Worries
- Mood Swings
- Irritability
- Poor Concentration
- Fatigue
- Insomnia
- Racing thoughts
- Sadness

### DIGESTION/ METABOLIC .....

- Abdominal Pain
- Constipation
- Diarrhea
- Gas/Bloating
- Food Cravings
- Dizziness/Lightheadedness
- Difficulty maintaining a healthy weight
- Reflux/Heartburn

### OTHER .....

- Chronic congestion
- Postnasal drip
- Headaches
- Skin rashes/ Eczema
- 
- 
- 
-

# Section 1

## NUTRITIONAL ASSESSMENT

Use the space below to write down the foods you typically eat in a given day. As you work through the nutrition section, reference this page to make changes and optimize your diet plan.

### BREAKFAST .....

- 
- 
- 
- 

### LUNCH .....

- 
- 
- 
- 

### DINNER .....

- 
- 
- 
-

# Section 1

# LIFESTYLE ASSESSMENT

Now it's time to assess other fundamental areas of health including movement, stress management, and healthy relationships. Before you begin the next sections in the Basic Training, rate your answers below.

How will you rate the following					
	Never	Rarely	Sometimes	Always	
<b>STRESS</b>	I experience high levels of stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have healthy coping techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I make time to move my body daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I get 7-8 hours of sleep per night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I spend time in nature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How will you rate the following					
	Never	Rarely	Sometimes	Always	
<b>RELATIONSHIPS</b>	I have healthy boundaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I worry about what I am eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have friends and family for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I make time for my hobbies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Section 1

# LIFESTYLE ASSESSMENT

Now it's time to assess other fundamental areas of health including movement, stress management, and healthy relationships. Before you begin the next sections in the Basic Training, rate your answers below.

How will you rate the following					
	Never	Rarely	Sometimes	Always	
SLEEP	I have difficulty falling asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have difficulty staying asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I wake up multiple times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have nightmares or vivid dreams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I wake up feeling refreshed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How will you rate the following					
	Never	Rarely	Sometimes	Always	
MOVEMENT	I make time to move my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I like to move my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have access to safe space to move my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I don't know what types of exercises to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Section 2

## PLANNING AHEAD

A goal is a specific achievement or desired outcome. An intention is your relationship with yourself and other, how you choose to experience the journey and the present moment. Use the space below to set goals and intentions for your health journey. .



1

.....

.....

.....

.....

.....



2

.....

.....

.....

.....

.....



3

.....

.....

.....

.....

.....

# Section 3

## ACTION STEPS

Take Action In Order To Move Towards Your Goals.

The more specific you can be, the more likely you will accomplish your goals.

Ex. Goal is to drink more water. What do you need to do? Do you need a water bottle?

What kind of water bottle (Insulated)? What size? Straw?

1

Goal:

.....

.....

.....

2

Goal:

.....

.....

.....

3

Goal:

.....

.....

.....



# Section 4

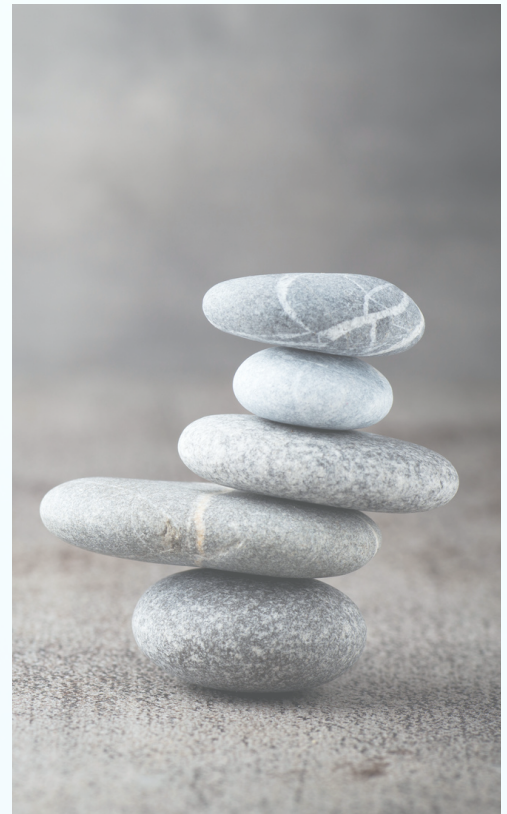
## CHECKLIST

### Physical activities for the week

- Exercise and/or go for a walk
- Eat healthy food and snacks
- Get 7 hours of sleep per night
- Enjoy stillness and/or meditate
- Spend time in nature

### Emotional activities for the week

- Journal
- Listen to favorite music
- Spend time with family/friends
- Practice meditation
- Do something fun



**Action is the  
foundational key to all  
success.**

**~ Pablo Picasso**

















